

# Foster Family Home - Deficiency Report

**Provider ID:** 4-100120

**Home Name:** Rowena Rabanes, CNA

**Review ID:** 4-100120-11

282 Iini Way

Reviewer: Terri Van Houten

Makawao HI 96768

Begin Date: 11/2/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 12/2/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - HHM#4 did not have evidence of fingerprint results on file.

8.(a)(2) - CG#1 had lapsed APS/CAN; Was due on or before 9/30/21, and completed on 10/12/21. HHM#4 did not have evidence of APS/CAN results on file.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - HHM#4 did not have evidence that they received confidentiality training.

# Foster Family Home - Deficiency Report

**Foster Family Home**

**Personnel and Staffing**

**[11-800-41]**

41.(a)(2)	Be a NA, an LPN, or RN;
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
41.(b)(5)	Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
41.(b)(5)(C)(iv)	Use of an insured vehicle;
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(2) - CG#1 did not have a current CNA certificate on file. (Expired 7/31/21). CG#2 did not have a current CNA certificate on file. (Expired 6/30/2019).

41.(b)(4) - PCG disclosure was outdated and did not include the addition of a HHM.

41.(b)(5) - CG#2 was listed as a source of alternate transportation. CCFFH did not have a copy of CG#2's current driver's license (Expired 10/1/2020)

41.(b)(5) - CCFFH did not have evidence of car insurance for CG#2 and CG#3 who are identified as approved to provide non-medical transportation.

41.(b)(8) - CG#1 lapsed First Aid training. Due on or before 4/19/20, completed 10/5/21.

41.(c) - CCFFH had questionable training certificates on file for CG#1 and CG#2.

-CG#1 had three certificates for the same courses, one dated 5/25/21, one dated 5/20/21 and third not dated. CG#1 had only 8 hours of training accepted.

-CG#2 had two certificates with the same topics; one dated 6/1/2021 and the second not dated or signed by instructor. CG#2 had two certificates dated on the same day, same topic but certificate had two different appearances.

41.(b)(5)(C)(iv) - CG#2 and CG#3 identified as alternative drivers did not have evidence of current vehicle insurance.

41.(f)(1) - HHM#4, HHM#5, and HHM#6 did not have evidence of TB clearance or exemption. (HHM#5 and 6 are minors)

# Foster Family Home - Deficiency Report

**Foster Family Home****Fire Safety****[11-800-46]**

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CCFFH did not have evidence that fire drills have been conducted monthly. Last noted fire drill occurred in October 2020. CCFFH has had a client up until 10/29/21 which requires completion of monthly fire drills.

**Foster Family Home****Physical Environment****[11-800-49]**

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(a)(1) - Door of client restroom had tape over the locking mechanism. Per the CG present, the door handle is broken.

49.(e) - CCFFH did not have evidence of a smoking policy.

**Foster Family Home****Insurance Requirements****[11-800-51]**

51.(a)(2) Automobile; and

Comment:

51.(a)(2) - CG#1 did not have evidence of current vehicle insurance. (Exp. 9/2021)

**Foster Family Home****Fiscal Requirements****[11-800-52]**

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

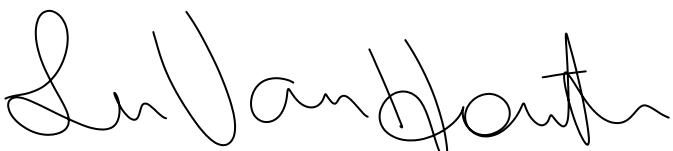
52.(b) - CCFFH did not have evidence that monthly fiscal records are being maintained. Budget was last documented in October, 2020

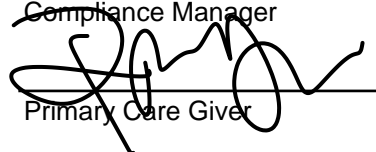
**Foster Family Home****Client Rights****[11-800-53]**

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) - CCFFH did not have evidence of written or posted visiting hours.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

11/2/21  
\_\_\_\_\_  
Date

11/2/21  
\_\_\_\_\_  
Date